

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>7/12/04</u>		2 Serial/Patent # <u>10/728,832</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time	—	<u>6/30/04</u>	\$ <u>310</u>							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
			7 TOTAL AMOUNT OF REFUND	\$ <u>310</u>							
10 REASON:		8 TO BE REFUNDED BY:									
	Overpayment	<input type="checkbox"/> Treasury Check									
	Duplicate Payment	<input checked="" type="checkbox"/> Credit Deposit A/C #:									
		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">5</td> <td style="width: 20px;">0</td> <td style="width: 20px;">--</td> <td style="width: 20px;">2</td> <td style="width: 20px;">0</td> <td style="width: 20px;">3</td> <td style="width: 20px;">6</td> </tr> </table>			5	0	--	2	0	3	6
5	0	--	2	0	3	6					
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
<u>Not necessary to have 2 month ext. of time</u>											
11 REFUND REQUESTED BY: <u>C.T. Donnell</u>											
TYPED/PRINTED NAME: <u>C.T. Donnell</u>		TITLE: <u>Pat Atty</u>									
SIGNATURE: <u>C.T. Donnell</u>		PHONE: <u>306-5589</u>									
OFFICE: <u>4700</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u><i>Alison Kelly</i></u>		DATE: <u>7-13-04</u>									

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**